MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

serial no. 10/ 573 | 58 FILING DATE

APPLICANT(S)

CLAIMS

| ND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND | | AS FILED | | AFTER 1"AMENDMENT | | AFTER 2 ** AMENDMENT | | | | AS FILED | | AFTER 1*AMENDMENT | | AFTER 2 MAMENDMENT | |
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